03/14/01 WED 14:30 FAX	847 785 6160 ISOP MEDICAL	ALLEGIANCE HEALTH	ICARE	man zopu i n	☑ 004
	LICITATION/MODIFICATION OF C	ONTRACT	1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDMENTIMODIFICATION NO. POOO30	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. 11 applicables  NA NA			
6. ISSUED BY	3-15-01 CDDE SP0200	7. ADMINISTERED BY (If other then from 6) CODE SPO200			
DEFENSE SUPPLY CENTER PH 700 ROBBINS AVENUE PHILADELPHIA, PA 19111 ATTN: MARSHA JONES, DSCP	HILADELPHIA	SEE BLOCK 6			
8. NAME AND ADDRESS OF CONTRACTOR (No. s	treet, caunty, Stata and ZIP Codal		10 94, AMENDMEN	T OF SOLICITATION NO.	
ALLEGIANCE HEALTHCARE ( 1450 WAUKEGAN ROAD MCGAW PARK, IL 60085		9B. DATED ISEE	TION OF CONTRACTIONDER IS SPO200-00-D-71	wo.	
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			TOPL DATED ISA	<i>EE ITEM 131</i> JULY 19, 2000	<b>)</b>
CODE OTTA6	FACILITY CODE  11. THIS ITEM ONLY APPLIE	C TO AMENDMENTS OF SO	LICITATIONS	JOL 1 19, 2000	
The above membered splictuation is amended as an	I forth to Item 14. The how and date specified for r		Dettations	is extended.	is not extended.
The above numbered contraction and appropriation of the superior of the separate lotter of telegram which inch offers philor to the hour and date specified May each telegram or latter makes reference to the solicitation.  12. Accounting and appropriation Data if required, MEDICAL/SURGICAL PV GLO  B. THE ABOVE NUMBERED CONTRACTIONDER IS appropriation date, etc. SET FORTH IN ITEM 14  C.  D. DYNER (Specify type of modification and authority).	If the preference to the soficination and amendment in RESULT IN REJECTION OF YOUR OFFER. If by viring and this amendment, and is received prior to the open BAL EAST REGION  MODIFIED TO REFLECT THE ADMINISTRATIVE CHAP PURSUANT TO THE AUTHORITY OF FAR 43, 103 ft	us of this amendment you assume in char ening how and date specified.	EDGMENT TO BE RECEIVED A	T THE PLACE DESIGNATED FOR	THE RECEIPT OF lagram or letter, grovial
	is not. 🔀 is required to sign this decum			ie issuing office,	
14. DESCRIPTION OF AMENDMENT/MODIFICATION SEE PAGE 2 OF 2  Except as provided herein, all terms and conditions				and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)	n) Hill Heimitieter i midt offinede iff temit att ge (an	16A. NAME AND TITLE D			
I SHE WANT HAM THE OL SHOKEU LAKE AL BUND		ANNE POLIME			
15B. CONTRACTOBUSE FERON	150, DATE SIGNED 3-14-0/	16B. UNITED STATES OF		STANDARD FORM 30	TE SIGNED
nsn 7540-01-152-9070 Previous Edition Unusable		1 all adian image a		Prescribed by GSA FAR (48 CFR) 53.242	

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SPO200-00-D-7163 P00030

PAGE 2 OF 2

Referencing Attachment II- Change Routine Ordering Facilities (ROFs)-Tricare Region 1:

> FROM: Pentagon Army Hospital Clinic Room 2D201C Main Concourse Pentagon Washington, DC 20310-5801

> > TO: Dilorenzo Tricare Health Clinic Pentagon Room # MF917A, Corridor 8 Washington D.C. 20310-580 Dodaac: W74KNW Contract: SP0200-00-D-6001

2. All other conditions and terms remain the same.